

## Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

<b>1. Committee Information</b>			
<b>a. Full Name</b>		<b>c. ID Number</b>	
MARKHAM FOR CLERK		M	
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Date Filed</b>	
435 N. BENNETT STREET SOUTHERN PINES, NC 28387		01/11/2015	
		<b>e. Phone Number</b>	
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>
2014	10/19/2014	12/31/2014	REBECCA KEITH TALBERT
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	
		<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund  <input type="checkbox"/> Other:			
<b>8. Number of Fundraisers this Report</b>			
0			
<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
FIRST BANK			
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
CAMPAIGN	M		
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$ 2485.86		\$
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board			
<u>Rebecca Keith Talbert</u> Printed Name of Signer		<u>Rebecca Keith Talbert</u> Signature of Appointed Treasurer	
		01/11/2015 Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	<u>1-12-15</u>	Employee:	<u>DMH</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
		<input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			



**Detailed Summary**

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. Type of Report</b>	<b>3. ID Number</b>	
MARKHAM FOR CLERK	2014 Fourth Quarter		
<b>Start of Election Cycle: January 1, 2014</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
4) Cash on Hand at Start		\$ 2,485.86	\$ 1,000.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 628.35
6) Contributions from Individuals (CRO-1210)		\$ 0.00	\$ 24,380.75
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0.00	\$ 25,009.10
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 0.00	\$ 6,057.48
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 500.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 1.00	\$ 49.04
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 2,484.86	\$ 4,423.48
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 14,979.10
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,485.86	\$ 26,009.10
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ -0-	\$ -0-
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

# Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
MARKHAM FOR CLERK						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	M	Draft	O	12/31/2014	\$ 1.00	BANK SERVICE CHARGE
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 1.00	
5. Total of ALL CRO-1315 Pages					\$ 1.00	
(This line must be on line 14 of Detailed Summary Page CRO-1100)						
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C - Fundraising		D - To Another Candidate		
E - Salaries		F - Equipment		H - Holding Public Office Expenses		
I - Postage		J - Penalties		K - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

# Refunds/Reimbursements From the Committee

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Amendment

☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
MARKHAM FOR CLERK					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
DOYLE MARKHAM PO BOX 1381 435 N BENNETT STREET SOUTHERN PINES, NC 28388			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/21/2014
					<b>i. Original Receipt Amount</b>
					\$ 1,101.66
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
ACCOUNTANT		THE MARKHAM GROUP		P	
				<b>j. Election Sum to Date</b>	
				\$ 10,800.27	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	PARTIAL INKIND REIMBURSEMENT		12/12/2014	\$ 953.37
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/15/2014
					<b>i. Original Receipt Amount</b>
					\$ 25.54
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RN		SANDHILLS DERMATOLOGY		P	
				<b>j. Election Sum to Date</b>	
				\$ 500.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	INKIND REIMBURSEMENT		12/09/2014	\$ 25.54
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/25/2014
					<b>i. Original Receipt Amount</b>
					\$ 110.56
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RN		SANDHILLS DERMATOLOGY		P	
				<b>j. Election Sum to Date</b>	
				\$ 500.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	INKIND REIMBURSEMENT		12/09/2014	\$ 110.56
<b>4. Total only this Page</b>					\$ 1,089.47
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 2,484.86
<b>6. Purpose Codes</b> (List detailed disbursement code in (f) above)					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind      O* - Other					
* Codes require detailed explanation in required remarks field (m)					

**Refunds/Reimbursements From the Committee** Pg 2 of 5 Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
MARKHAM FOR CLERK					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/27/2014
					<b>i. Original Receipt Amount</b>
					\$ 306.08
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RN		SANDHILLS DERMATOLOGY		P	
					<b>j. Election Sum to Date</b>
					\$ 500.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	INKIND REIMBURSEMENT		12/09/2014	\$ 306.08
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/28/2014
					<b>i. Original Receipt Amount</b>
					\$ 18.54
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RN		SANDHILLS DERMATOLOGY		P	
					<b>j. Election Sum to Date</b>
					\$ 500.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	INKIND REIMBURSEMENT		12/09/2014	\$ 18.54
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/28/2014
					<b>i. Original Receipt Amount</b>
					\$ 107.37
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RN		SANDHILLS DERMATOLOGY		P	
					<b>j. Election Sum to Date</b>
					\$ 500.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	INKIND REIMBURSEMENT		12/09/2014	\$ 107.37
<b>4. Total only this Page</b>					\$ 431.99
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 2,484.86
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind      O* Other					
* Codes require detailed explanation in required remarks field (m)					



## Refunds/Reimbursements From the Committee

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Amendment

☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
MARKHAM FOR CLERK					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		03/01/2014
					<b>i. Original Receipt Amount</b>
					\$ 110.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RN		SANDHILLS DERMATOLOGY		P	
				<b>j. Election Sum to Date</b>	
				\$ 500.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	INKIND REIMBURSEMENT		12/09/2014	\$ 110.00
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		03/08/2014
					<b>i. Original Receipt Amount</b>
					\$ 44.79
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RN		SANDHILLS DERMATOLOGY		P	
				<b>j. Election Sum to Date</b>	
				\$ 500.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	INKIND REIMBURSEMENT		12/09/2014	\$ 44.79
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		03/13/2014
					<b>i. Original Receipt Amount</b>
					\$ 50.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RN		SANDHILLS DERMATOLOGY		P	
				<b>j. Election Sum to Date</b>	
				\$ 500.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	INKIND REIMBURSEMENT		12/09/2014	\$ 50.00
<b>4. Total only this Page</b>					\$ 204.79
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 2,484.86
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind      O* Other					
* Codes require detailed explanation in required remarks field (m)					

# Refunds/Reimbursements From the Committee

Pg 4 of 5

Amendment

☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
MARKHAM FOR CLERK					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		03/23/2014
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>i. Original Receipt Amount</b>
					\$ 41.09
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RN		SANDHILLS DERMATOLOGY		P	
				<b>j. Election Sum to Date</b>	
				\$ 500.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	INKIND REIMBURSEMENT		12/09/2014	\$ 41.09
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		04/07/2014
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>i. Original Receipt Amount</b>
					\$ 196.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RN		SANDHILLS DERMATOLOGY		P	
				<b>j. Election Sum to Date</b>	
				\$ 500.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	INKIND REIMBURSEMENT		12/09/2014	\$ 196.00
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
LINDA MARKHAM PO BOX 160 VASS, NC 28394			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		04/08/2014
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>i. Original Receipt Amount</b>
					\$ 196.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
RN		SANDHILLS DERMATOLOGY		P	
				<b>j. Election Sum to Date</b>	
				\$ 500.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
M	Check	INKIND REIMBURSEMENT		12/09/2014	\$ 196.00
<b>4. Total only this Page</b>					\$ 433.09
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 2,484.86
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kind      O* Other					
* Codes require detailed explanation in required remarks field (m)					

## Refunds/Reimbursements From the Committee

Pg 5 of 5

Amendment

☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committed Full Name (and Fund if applicable)				2. ID Number	
MARKHAM FOR CLERK					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
LINDA MARKHAM PO BOX 160 VASS, NC 28394		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		h. Original Receipt Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		04/10/2014	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				i. Original Receipt Amount	
				\$ 11.95	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date	
RN	SANDHILLS DERMATOLOGY	P		\$ 500.00	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
M	Check	INKIND REIMBURSEMENT	12/09/2014	\$ 11.95	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
LINDA MARKHAM PO BOX 160 VASS, NC 28394		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		h. Original Receipt Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		04/16/2014	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				i. Original Receipt Amount	
				\$ 23.04	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date	
RN	SANDHILLS DERMATOLOGY	P		\$ 500.00	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
M	Check	INKIND REIMBURSEMENT	12/09/2014	\$ 23.04	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
LINDA MARKHAM PO BOX 160 VASS, NC 28394		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC			
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		h. Original Receipt Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		04/26/2014	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				i. Original Receipt Amount	
				\$ 290.53	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code		j. Election Sum to Date	
RN	SANDHILLS DERMATOLOGY	P		\$ 500.00	
k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
M	Check	INKIND REIMBURSEMENT	12/09/2014	\$ 290.53	
4. Total only this Page				\$ 325.52	
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)				\$ 2,484.86	
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					